

The CHESS Club for Providers

A Monthly Update for Users of Carolina's Health
Electronic Surveillance System

5 Questions For Your Regional Epidemiologist

1. How long have you worked for DHEC?

Sarah Moorman: "I have worked for SCDHEC for 8½ years. I initially joined DHEC as a Family Support Services Supervisor, then as a Regional Immunization Program Manager, Children's Rehabilitative Services, and the BabyNet Program Manager. I joined the Epi team and Epi on call nurses a number of years ago and became the Disease Surveillance and Response Coordinator 2 years ago."



2. Where is your home town?

"Hopedale, Massachusetts"

Right: Sarah Moorman Left: Harriett Lemon
Contact Info: 1931 Industrial Park Rd.
Conway, SC 29526
(843) 915-8804

3. What part of being a epidemiologist gives you the most satisfaction?

"I love being a disease detective and working on outbreaks and crisis situations, especially Pertussis (Harriet says I must be sick to like this). Putting the pieces of a disease investigation together is fascinating. We have a very strong Outbreak Response Team in Region 6, including Environmental Health, Environmental Quality Control, our Medical Consultant Dr. Robert Ball,

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5 Questions For Your Regional Epidemiologist, Continued

4. **List one reportable condition that makes you "sick" when you report it in CHESS?**
"The continuing increase in Hepatitis C is saddening to me. When I receive an 1129 card [disease report card] on a 19 year old with Hep C, who may have little or no resources, I wish that there were more that our healthcare system could offer them."
5. **What beneficial bit of advise do you have to share with the providers in your region?**
"Advice that I would give to community partners is to call Epi anytime they need to consult with us on communicable diseases. Epi is a resource for the community and we are available to provide information, answer questions, and direct providers to other resources if needed. We always thank our community partners for calling us to foster our community relationships."



1. **How long have you worked for DHEC?**
Harriett Lemon: "8 years (3 years as a Tuberculosis nurse; 5 years as an Epidemiologist nurse.)"
2. **Where is your home town?**
"Marion, S.C."
3. **What part of being a epidemiologist gives you the most satisfaction?**
"I enjoy the investigation and the teaching part of an outbreak/cluster. Being able to calm patients, parents, schools, the community out of a panic mode is challenging. I appreciate and enjoy the teamwork that Sarah and I share, along with Sue, our other Epi coworker. We could not work to prevent and protect those involved in clusters/outbreaks without our other DHEC divisions (i.e. Food Protection), community partners (i.e. [hospital] infection control nurses, private physicians, hospital emergency departments, school nurses, etc.)"
4. **List one reportable condition that makes you "sick" when you report it in CHESS?**
"Sarah and I agree that entering Hepatitis C into CHESS each day, makes us both sad. The World Health Organization or WHO, estimates that "about 200 million people, 4 million in the U.S., are infected with this virus". At the present time, there is no vaccine for Hepatitis C."

5 Questions For Your Regional Epidemiologist, Continued

5. What beneficial bit of advise do you have to share with the providers in your region?
"Epidemiology is not in "black and white". We must "step outside of the box" and when you have an otherwise asymptomatic 10-14 day coughing patient, please "Think Pertussis". Call us anytime."

What's Happening In Region 6

A One-Woman Show at Conway Medical Center

Carolyn Johnson, RN, serves as Infection Control Practitioner (ICP) at Conway Medical Center in Conway, SC (Region 6). She received her Associate Degree in Nursing at the University of South Carolina and has been employed at Conway Medical Center for 40 years. Before assuming the role of ICP, she worked in the Intensive Care Unit as Staff Development and was Head Nurse in their Newborn Nursery department. Carolyn is certified in Infection Control and has received her Infection Control training at the University of Virginia. She was selected as South Carolina's ICP of the year in 1998 and Conway Career Woman of the Year 1993-1994.



Carolyn Johnson, RN

As CHESS was introduced in Region 6 to local hospitals, Carolyn was one of the first ICPs to embrace the program. She is a constant user of CHESS and a valuable community epi partner. She finds disease investigation fascinating, and always strives to assure that proper nursing care is given to patients with communicable diseases and that proper standards are followed. Carolyn is an important member of the Region 6 "Epi Team At Large" and has attended the annual DHEC Epi Conference every year.

In The Spotlight: "Toxin"

CHESS Condition: Amnesic shellfish poisoning, Ciguatera fish poisoning, Paralytic shellfish poisoning, Scombroid fish poisoning, Staphylococcal enterotoxin

Clinical Description: Varies depending on type of toxin. See comments on specific toxins below.

Laboratory criteria for confirmed and probable diagnosis:

- Diagnosis of marine toxin poisoning is generally based on symptoms and a history of recently eating a particular kind of seafood. Laboratory testing for the specific toxin in patient samples is generally not necessary because this requires special techniques and equipment available in only specialized laboratories. If suspect, leftover fish or shellfish are available, they can be tested for the presence of the toxin more easily. Identification of the specific toxin is not usually necessary for treating patients because there is no specific treatment.
- Toxin-producing *Staphylococcus aureus* can be identified in stool or vomit, and toxin can be detected in food items. Diagnosis of staphylococcal food poisoning in an individual is generally based only on the signs and symptoms of the patient. Testing for the toxin-producing bacteria or the toxin is not usually done in individual patients. Testing is usually reserved for outbreaks involving several persons. If you think you may have food poisoning, contact your physician.
- No widely available, reliable test exists to confirm that a person has been exposed to ricin.

Case classification

Confirmed: a person with a clinically compatible illness and likely exposure.

Skin and eye exposure: Ricin in the powder or mist form can cause redness and pain of the skin and the eyes.



In The Spotlight "Toxin", Continued

Additional information for CHES data entry:

Scombrototoxic fish poisoning: Symptoms begin within 2 minutes to 2 hours after eating the fish. The most common symptoms are rash, diarrhea, flushing, sweating, headache, and vomiting. Burning or swelling of the mouth, abdominal pain, or a metallic taste may also occur. The majority of patients have mild symptoms that resolve within a few hours.

Ciguatera poisoning: Ciguatera usually causes symptoms within a few minutes to 30 hours after eating contaminated fish, and occasionally it may take up to 6 hours. Common nonspecific symptoms include nausea, vomiting, diarrhea, cramps, excessive sweating, headache, and muscle aches. The sensation of burning or "pins-and-needles," weakness, itching, and dizziness can occur. Patients may experience reversal of temperature sensation in their mouth (hot surfaces feeling cold and cold, hot), unusual taste sensations, nightmares, or hallucinations. Ciguatera poisoning is rarely fatal. Symptoms usually clear in 1 to 4 weeks.

Paralytic shellfish poisoning: Symptoms begin anywhere from 15 minutes to 10 hours after eating the contaminated shellfish, although usually within 2 hours. Symptoms are generally mild, and begin with numbness or tingling of the face, arms, and legs. This is followed by headache, dizziness, nausea, and muscular incoordination. Patients sometimes describe a floating sensation. In cases of severe poisoning, muscle paralysis and respiratory failure occur, and in these cases death may occur in 2 to 25 hours.

Amnesic shellfish poisoning: Patients first experience gastrointestinal distress within 24 hours after eating the contaminated shellfish. Other reported symptoms have included dizziness, headache, disorientation, and permanent short-term memory loss. In severe poisoning, seizures, focal weakness or paralysis, and death may occur.

Staph enterotoxin: Staphylococcal toxins are fast acting, sometimes causing illness in as little as 30 minutes. Symptoms usually develop within one to six hours after eating contaminated food. Patients typically experience several of the following: nausea, vomiting, stomach cramps, and diarrhea. The illness is usually mild and most patients recover after one to three days. In a small minority of patients the illness may be more severe.

In The Spotlight "Toxin", Continued

Additional information for CHESS data entry:

Ricin poisoning: The major symptoms of ricin poisoning depend on the route of exposure and the dose received, though many organs may be affected in severe cases. Initial symptoms of ricin poisoning by inhalation may occur within 8 hours of exposure. Following ingestion of ricin, initial symptoms typically occur in less than 6 hours. Inhalation: Within a few hours of inhaling significant amounts of ricin, the likely symptoms would be respiratory distress (difficulty breathing), fever, cough, nausea, and tightness in the chest. Heavy sweating may follow as well as fluid building up in the lungs (pulmonary edema). This would make breathing even more difficult, and the skin might turn blue. Excess fluid in the lungs would be diagnosed by x-ray or by listening to the chest with a stethoscope. Finally, low blood pressure and respiratory failure may occur, leading to death. In cases of known exposure to ricin, people having respiratory symptoms that started within 12 hours of inhaling ricin should seek medical care. Ingestion: If someone swallows a significant amount of ricin, he or she would develop vomiting and diarrhea that may become bloody. Severe dehydration may be the result, followed by low blood pressure. Other signs or symptoms may include hallucinations, seizures, and blood in the urine. Within several days, the person's liver, spleen, and kidneys might stop working, and the person could die.

There is no Probable case status for Toxins.

REPORTING Toxins: Amnesic shellfish poisoning, Ciguatera fish poisoning, Paralytic shellfish poisoning, Scombroid fish poisoning, Staphylococcal enterotoxin is reportable within 24 hours by phone in South Carolina. Please see the 2008 List of Reportable Conditions for more information:

http://www.scdhec.gov/health/disease/docs/reportable_conditions.pdf

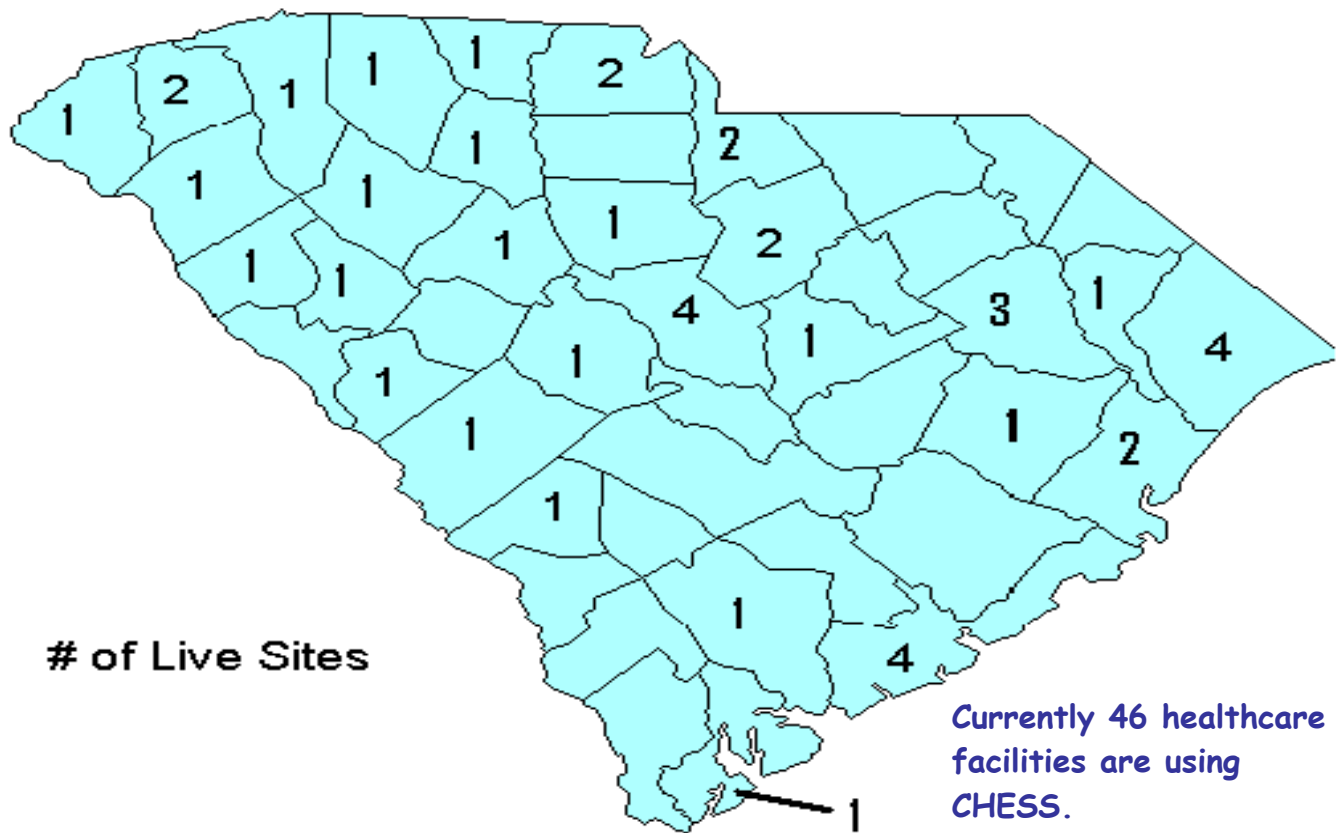


CHES LIVE—Complete Listing of Providers

- ♦ Aiken Regional Medical Ctr.
- ♦ AnMed Health
- ♦ Abbeville Count Hospital
- ♦ Barnwell County Hospital
- ♦ Benedict College Student Health Center
- ♦ Cannon Memorial Hospital
- ♦ Carolina Hospital System
- ♦ Carolina Infectious Disease and Critical Care Associates
- ♦ Lake City Memorial Hospital
- ♦ Laurens County
- ♦ Charleston Air Force Base
- ♦ Colleton Hospital
- ♦ Columbia College Gray Health Center
- ♦ Conway Hospital
- ♦ Coastal Carolina University Health Center
- ♦ Crossroads Family Practice and Urgent Care
- ♦ East Cooper Regional Medical Center
- ♦ Eau Claire Cooperative Health Centers
- ♦ Edgefield County Hospital
- ♦ Fairfield Memorial Hospital
- ♦ Family Medical Center of Blackville
- ♦ Georgetown Memorial Hospital
- ♦ Grand Strand Regional Medical Center
- ♦ Kershaw County Medical
- ♦ Loris Community Hospital
- ♦ Lifepoint, Inc.
- ♦ Marion County Medical Center
- ♦ MUSC Family Medicine
- ♦ New Day Family Practice
- ♦ Newberry County Hospital
- ♦ North Central Family Medical Center
- ♦ Oconee Memorial Hospital
- ♦ Palmetto Baptist Easley
- ♦ Parris Island Preventive Medicine
- ♦ Providence Hospital
- ♦ Three Rivers Behavioral Health
- ♦ Pee Dee Family Practice
- ♦ Self Memorial Hospital
- ♦ Sentinel Health Partners (Elgin)
- ♦ Shaw Air Force Base
- ♦ Spartanburg Regional Medical Center
- ♦ Upstate Carolina Medical Center
- ♦ Wallace Thompson Hospital
- ♦ Williamsburg Regional Hospital
- ♦ Winthrop University Health Center
- ♦ Waccamaw Community Hospital



CHES Live Around the State



WELCOME NEW CHESS Users

Welcome Fairfield Memorial Hospital (Darlene Hines, Shirley Hall, and Albertha Woodward), our newest CHESS Clubbers right in the heart of it all, Region 3. We are delighted that you are now a part of our disease reporting CHESS family.

As we welcome more and more providers, we are making great strides to deploy CHESS to hospitals and medical facilities each month!

HAVE QUESTIONS? WE'VE GOT ANSWERS!



Are there any CHESS questions you would like answered? If so, please email your questions to: CHESSCARESIR@dhec.sc.gov. We will feature your questions in the next issue of the CHESS Club for Providers newsletter.

Question: Is it necessary to report the date a specimen is collected into CHESS?

Answer: Yes. Always include the Specimen Collection Date on all reports sent through CHESS. This information is very important for accurate recording of cases.

4 Things You Should Know about Your CHESS Account

Remember to log into CHESS at least once every 30 days to keep your account status active. Logging into CHESS keeps your account from becoming deemed as inactive and possibly deleted.

If you or someone in your facility leaves or will no longer need to use CHESS, please let us know right a way. For security, we need to deactivate the accounts of anyone who is no longer using CHESS.

Every user is given a temporary password at their initial training. Please remember to personalize your password within a week after training. Any passwords left unchanged will also be deemed as inactive and possibly deleted.

Never give others the right to use your password for any reason.

By The Numbers — South Carolina 2008 So Far

Condition	Confirmed	Probable	Total
Animal Bite—PEP Recommended	314	0	314
Aseptic meningitis	105	1	106
Botulism, Infant	1	0	1
Brucellosis	1	1	2
Campylobacteriosis	220	0	220
Ciguatera fish poisoning	0	0	0
Cryptosporidiosis	48	3	51
Cyclosporiasis	1	0	1
Dengue Fever	0	1	1
Ehrlichiosis, Chaffeensis	0	1	1
Encephalitis, Eastern Equine	1	0	1
Encephalitis- West Nile	0	0	0
Enterohem. E.coli O157:H7	1	0	1
Enterohem.E.coli shigatox+- ?serogrp	1	0	1
Giardiasis	112	0	112
Group A Streptococcus- invasive	60	0	60
Group B Streptococcus- invasive	41	0	41
Haemophilus influenzae- invasive	44	1	45
Hansen Disease (Leprosy)	1	0	1
Hemolytic uremic synd- postdiarrheal	1	0	1
Hepatitis A- acute	16	0	16
Hepatitis B- acute	51	1	52
Hepatitis B virus infection—Chronic	98	431	529
Hepatitis B virus infection—Perinatal	0	0	0
Hepatitis C- acute	3	0	3
Hepatitis C Virus Infection- past or present	3,644	107	3,751
Hepatitis Delta co- or super-infection- acute	0	0	0
Hepatitis E- acute	0	0	0
Influenza- human isolates	254	0	254
Legionellosis	13	0	13
Listeriosis	5	0	5
Lyme disease	9	15	24
Malaria	8	0	8
Mumps	0	0	0
Neisseria meningitidis- invasive (Mening. disease)	19	1	20
Pertussis	86	14	100
Rocky Mountain spotted fever	4	48	52
S. aureus, vancomycin intermediate susc (VISA)	0	0	0
Salmonellosis	1,030	3	1,033
Shiga toxin-producing Escherichia coli (STEC)	35	3	38
Shigellosis	503	11	514
Strep pneumoniae- invasive	464	0	464
Streptococcal disease- invasive- other	1	0	1
Typhoid Fever (Salmonella Typhi)	2	0	2
Toxic-shock syndrome- staphylococcal	0	0	0
Varicella (Chickenpox)	413	333	746
Vibrio parahaemolyticus	3	0	3
Vibrio spp.- non-toxigenic- other or unspecified	5	0	5
Vibrio vulnificus infection	3	0	3
West Nile Fever	0	2	2
Yersiniosis	5	0	5

The Bulletin Board

Are you hosting an event? Are there any events you would like to see posted? Is there an event you would like the CARES IR/CHESS training team to attend? If so, please send event information to:

CHESSCARESIR@dhec.sc.gov

Or call the CHESS/CARES IR Help Desk at **1-800-917-2093**

Your input is important to us! So please call us with your comments and suggestions. If you have a questions, your CHESS training team is only a phone call away!

New Password Policy

For the added protection of your CHESS account, a new password policy has been implemented.

New passwords must meet 3 of the 4 requirements below:

- 1.) Lower Case: abc
- 2.) Upper Case: ABC
- 3.) Numeric: 123
- 4.) Special Characters: !@#

Password history	You cannot reuse a password within 8 password changes.
Maximum password age	90 days—after that, a new password is required
Minimum password length	8 characters

If your password currently does not meet complexity, you will not be required to change it until the next time you change your password or your password expires.

If you have not changed your password within 90 days, it will expire immediately and force a password change.

Note: This policy can be seen when logging into CHESS.

